

Cafeteria Plan Advisors, Inc.
420 Washington St. Suite 100
Braintree, MA 02184
Phone 781.848.9848
www.CPA125.com
Email: info@cpa125.com
Fax 781.848.8477

NEW HIRE/CHANGE IN STATUS FLEXIBLE SPENDING PRE-TAX PAYROLL REDUCTION

FORM MUST BE RETURNED TO CAFETERIA PLAN ADVISORS WITHIN 30
DAYS OF HIRE/QUALIFYING EVENT

Participant Name: _____ **Employer:** **TOWN OF ABINGTON**

Mailing Address: _____ **Plan Year:** _____

City, ST, Zip: _____ **SSN:** _____

E-Mail: _____ **Day Time Phone:** _____

Payroll Information

☐ Municipal Employee

☐ School Employee

I am paid: ☐ Weekly (52):

☐ Bi-Weekly (26):

The following qualified change in election for the Cafeteria Plan is the result of one of the following:

☐ New Hire/Date of Hire: _____ ☐ Qualifying Event Date: _____ ☐ Other _____ ☐ Covid Relief

New benefit elections:

☐ FSA Health Care Accounts (\$2750 Maximum)

Election for Remainder of Plan Year: \$ _____

☐ FSA Dependent Care Accounts (\$10,500 Maximum)

Election for Remainder of Plan Year: \$ _____

☐ FSA Administrative Fee \$ _____

FOR ADMINISTRATOR USE ONLY:

HEALTH CARE

First Payroll Deduction Date: _____

Per Pay Period Amount: _____

Fee Per Pay Period Amount: _____

Termination Date : _____

Final Check Date: _____

DEPENDENT CARE

First Payroll Deduction Date: _____

Per Pay Period Amount: _____

Certification

I hereby authorize a salary reduction agreement for the amount(s) shown above. I understand that:

- Cafeteria Plan Advisors, Inc. will hold these funds until eligible expenses are incurred and a claim is submitted. Funds may be forfeited in accordance with IRS Publication 969 if eligible expenses are not submitted for reimbursement by plan year deadline or purchased utilizing the provided debit card (if applicable). If terminated, expenses may be incurred through termination date.
- Dependents must qualify under regulations set forth in IRC sections 152 and 129.
- Expenses must be consistent with allowable medical deductions under IRS Publication 969.
- **Dependent Care Plan Participants only:** I, the undersigned, certify that I have read the Dependent Care Reimbursement Plan Guidelines (www.cpa125.com) and meet all requirements necessary to participate in the FSA Dependent Care plan. The undersigned agrees to notify the plan administrator in writing within 30 days should the undersigned no longer meet eligibility as mandated by the IRS. Dependents must qualify under IRC section 152.

Signature: _____ **Date:** _____



Important Information About Your PREPAID BENEFITS CARD

If you're newly enrolled in the Flexible Spending Account Program, you will automatically receive the new blue Prepaid Benefits Card. You'll receive two cards at your home address for you and your family members to use. The Cards will arrive in a special envelope that looks like this – so please don't throw it out!



Your Prepaid Benefits Card is loaded with the value of your annual FSA\HSA election amount (less any amounts you have already spent in this plan year.) Using your Card helps you keep cash in your wallet and makes accessing your FSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA– automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online at www.cpa125.com or via the mobile app -- **CPA FLEX MOBILE**. It's that easy!

It's Important to Save Your Receipts!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

What is an itemized receipt?

An itemized receipt must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

Using Your Card is as Easy as 1-2-3!

Look for additional information about how to use your new Prepaid Benefits Cards included with your card packet in the mail. We hope you enjoy this new exciting feature of your plan! Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

Save your card. Every year you re-enroll, the funds get loaded on to this card!

Cafeteria Plan Advisors, Inc.
420 Washington Street, Suite 100, Braintree, MA 02184 781.848.9848 www.cpa125.com

Health Care FSA Eligible Expenses


<p>BABY/CHILD TO AGE 13</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lactation Consultant* <input type="checkbox"/> Lead-Based Paint Removal <input type="checkbox"/> Special Formula* <input type="checkbox"/> Tuition: Special School/Teacher for Disability or Learning Disability* <input type="checkbox"/> Well Baby /Well Child Care <p>DENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dental X-Rays <input type="checkbox"/> Dentures and Bridges <input type="checkbox"/> Exams and Teeth Cleaning <input type="checkbox"/> Extractions and Fillings <input type="checkbox"/> Oral Surgery <input type="checkbox"/> Orthodontia (reimbursable after payment) <input type="checkbox"/> Periodontal Services <p>EYES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eye Exams <input type="checkbox"/> Eyeglasses and Contact Lenses <input type="checkbox"/> Laser Eye Surgeries <input type="checkbox"/> Prescription Sunglasses <input type="checkbox"/> Radial Keratotomy <p>HEARING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hearing Aids and Batteries <input type="checkbox"/> Hearing Exams <p>LAB EXAMS/TESTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Blood Tests and Metabolism Tests <input type="checkbox"/> Body Scans <input type="checkbox"/> Cardiograms <input type="checkbox"/> Laboratory Fees <input type="checkbox"/> X-Rays 	<p>MEDICAL EQUIPMENT/SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Air Purification Equipment* <input type="checkbox"/> Arches and Orthotic Inserts <input type="checkbox"/> Contraceptive Devices <input type="checkbox"/> Crutches, Walkers, Wheel Chairs <input type="checkbox"/> Exercise Equipment* <input type="checkbox"/> Hospital Beds* <input type="checkbox"/> Mattresses* <input type="checkbox"/> Medic Alert Bracelet or Necklace <input type="checkbox"/> Nebulizers <input type="checkbox"/> Orthopedic Shoes* <input type="checkbox"/> Oxygen* <input type="checkbox"/> Post-Mastectomy Clothing <input type="checkbox"/> Prosthetics <input type="checkbox"/> Syringes <input type="checkbox"/> Wigs* <p>MEDICAL PROCEDURES/SERVICES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acupuncture <input type="checkbox"/> Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) <input type="checkbox"/> Ambulance <input type="checkbox"/> Fertility Enhancement and Treatment <input type="checkbox"/> Hair Loss Treatment* <input type="checkbox"/> Hospital Services <input type="checkbox"/> Immunization <input type="checkbox"/> In Vitro Fertilization <input type="checkbox"/> Physical Examination (not employment-related) <input type="checkbox"/> Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) <input type="checkbox"/> Service Animals <input type="checkbox"/> Sterilization/Sterilization Reversal <input type="checkbox"/> Transplants (including organ donor) <input type="checkbox"/> Transportation to Medical Facility 	<p>MEDICATIONS/DRUGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insulin <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> **Over the Counter Drugs/Medicines (such as Tylenol, Advil, NyQuil, etc.) <p>OBSTETRICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Doulas* <input type="checkbox"/> Lamaze Class <input type="checkbox"/> OB/GYN Exams <input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) <input type="checkbox"/> Pre- and Postnatal Treatments <p>PRACTITIONERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Christian Science Practitioner <input type="checkbox"/> Dermatologist <input type="checkbox"/> Homeopath <input type="checkbox"/> Naturopath* <input type="checkbox"/> Optometrist <input type="checkbox"/> Osteopath <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist or Psychologist <p>THERAPY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alcohol and Drug Addiction <input type="checkbox"/> Counseling (not marital or career) <input type="checkbox"/> Exercise Programs* <input type="checkbox"/> Hypnosis* <input type="checkbox"/> Massage* <input type="checkbox"/> Occupational <input type="checkbox"/> Physical <input type="checkbox"/> Smoking Cessation Programs* <input type="checkbox"/> Speech <input type="checkbox"/> Weight Loss Programs*
---	---	--

****Please Note: Effective 1/1/2020, the IRS now allows Over the Counter (OTC) medicines/drugs and feminine care products to be purchased with Health Care FSA or certain HRA plans. Vitamins & supplements are not eligible.**

The following is a high-level list of OTC items that are *not* medicine or drugs and are eligible for purchase with Health Care FSA Plans.

<p>Denture Adhesives, Repair, and Cleansers</p> <ul style="list-style-type: none"> <input type="checkbox"/> PoliGrip, Benzodent, Efferdent <p>Diabetes Testing and Aids</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products <p>Diagnostic Products</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thermometers, blood pressure monitors, cholesterol testing 	<p>Elastics/Athletic Treatments</p> <ul style="list-style-type: none"> <input type="checkbox"/> ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts <p>Eye Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact lens care <ul style="list-style-type: none"> <input type="checkbox"/> Reading Glasses and Maintenance Accessories 	<p>Family Planning</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pregnancy and ovulation kits <p>First Aid Dressings and Supplies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Band Aid, 3M Nexcare, non-sport tapes *without antibiotic strip <p>Incontinence Products</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attends, Depend, GoodNites for juvenile incontinence
---	--	---

For a detailed list, log in to our website at www.cpa125.com and click on the link to the FSA Store to view the eligibility list.



New OTC Expenses Now Eligible For Your FSA Funds

When you participate in a Flexible Spending Account (FSA), you're able to contribute pre-tax funds for use on hundreds of eligible expenses. Recently, you gained even more flexibility in your ability to save when the CARES Act was signed into law.

This new legislation expanded the list of expenses that are considered eligible by **including popular over-the-counter products**, which consumers can now purchase with their FSA without a prescription. This change went into effect on January 1, 2020, and allows over 20,000 new expenses as eligible moving forward. That's great news for consumers, since the average American shops for over-the-counter medications 26 times each year.

Here are five of the most common expenses that are now eligible to use FSA funds without a prescription.

Pain relief medications

Headaches. Muscle soreness. Sprains. There are so many reasons to need pain relievers. There are two common types of over-the-counter pain medications: acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs), both of which are now among the eligible expenses available from an FSA.

Cold and flu products

Winter may be behind us, but cold and flu season never really goes away. As much as 20 percent of the U.S. population gets the flu, on average each season. Fortunately, the over-the-counter medicines taken to cope with a severe cough or congestion are now eligible expenses.

Allergy products

Thirty percent of American adults and 40 percent of children suffer from allergies. And the cost of allergies to the healthcare system is estimated at \$18 billion. Those who do have allergies can now find relief with their HSA and FSA funds in the form of over-the-counter antihistamines and decongestants.

Heartburn medications

Heartburn is among the more common afflictions in this country. That's why Americans spend billions of dollars each year on medicines that treat heartburn. The CARES Act means that these over-the-counter drugs are FSA eligible without a prescription.

Menstrual products

The CARES Act also included menstrual care products as eligible expenses for FSAs. Eligible products include tampons, pads and menstrual sponges.

How do I know what qualifies?

- Consumers can simply scan a product bar code right in their mobile app to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.
- Online shopping for eligible expenses can be done on sites like FSA Store. This site is dedicated to items that are eligible under pre-tax accounts like FSAs.

How it Works: Use the Debit Card: Once retailers have updated their payment systems and inventories consumers can simply use their card to pay for these newly eligible items, but they should still remember to save their receipts in case the purchase needs to be verified later. Submit a Claim: Consumers can submit claims for reimbursement through their online account or using the mobile app.



Don't know what to use your FSA money on?

Did you know you could use your FSA to save money on everyday health essentials like baby health items, health trackers, pain relief products and more?
Use your FSA funds or risk forfeiting your money.



The largest selection
of guaranteed FSA-eligible
products



24/7 support,
FREE shipping on orders
over \$50



**Are your health
needs eligible?**
Easily check with our
expansive Eligibility List



Need an Rx?
We'll work with you to
make getting one easier



Learning Center
Get daily
money-saving info



Use your FSA card
or any major credit card

Visit **FSAstore.com/FlyerCAI** for the largest selection of
guaranteed FSA-eligible products with zero guesswork.

Get **\$5 off** with code, **FCCAI5**. One use per customer.



Everything Flex Spending.

Dependent Care Claim

Certification Form

Cafeteria Plan Advisors, Inc.
420 Washington Street, Suite 100
Braintree, MA 02184
www.cpa125.com



Flexible Spending Account

Email: info@cpa125.com
Phone: 781-848-9848
FAX: 781-848-8477

Plan Year: _____

Employee Name: _____

Employer: _____

Mailing Address: _____

SSN (Last four) XXX-XX-_____

City, State, Zip: _____

Participant Phone: _____

Check if New Address ☐

Email: _____

Eligible Dependents:

The dependent care expenses must be employment related. Dependents eligible for FSA funding:

- Must be under age 13
- Reside with Participant

- Physically or mentally incapacitated
- Qualify as Dependent under IRS code section 151(c)
- Earn less than \$3800 per year unless qualifying child

Dependent Information:

Dependent Name	Relationship	Date of Birth		Dependent Name	Relationship	Date of Birth

Day Care Facility or Individual who provides care:

Name: _____

Name: _____

Address: _____

Address: _____

Corporate or Individual Tax ID (Required): _____

Corporate or Individual Tax ID(Required): _____

Claim Amount: \$ _____

Dates of Service: _____ - _____
Beg End

This is to certify that I, the undersigned, have incurred expenses that qualify under IRC section 129 "Dependent Care Assistance Programs." I have not been, and will not be reimbursed for these expenses by any source, including, but not limited to, insurance, this plan, or other programs offered by my, or my spouses, employer. I understand these expenses may no longer be claimed as deductions for income tax purposes since I am requesting reimbursement with funds deducted from my compensation on a pre-tax basis. The undersigned reaffirms that all eligibility criteria set forth by the IRS, found on the reverse side of this form and at www.cpa125.com, continue to be met at the time these dependent care expenses were incurred. I acknowledge that I am solely liable for any taxes or penalties on ineligible expenses processed through the dependent care plan. I, and only I, am responsible for the accuracy and validity of the submitted expenses. It is my responsibility to retain ALL receipts. I hereby authorize Cafeteria Plan Advisors, Inc. to reimburse me for the "Claim Amount" listed above, and, if applicable, reaffirm the authorization provided to Cafeteria Plan Advisors, Inc. to directly deposit the reimbursement into my bank.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

Return page 1 via mail, fax, or email to info@cpa125.com

Section 125 Dependent Care Eligibility Worksheet

	Yes	No
Married (as defined by IRS)?	<input type="checkbox"/>	<input type="checkbox"/>
If married, is your spouse employed?	<input type="checkbox"/>	<input type="checkbox"/>
If married, do you file a joint tax return?	<input type="checkbox"/>	<input type="checkbox"/>
If married, does your spouse have a Dependent Care Plan?	<input type="checkbox"/>	<input type="checkbox"/>
If not employed, is spouse		
Full-time student (5 months)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and unable to care for self/children	<input type="checkbox"/>	<input type="checkbox"/>

- ✓ If your spouse is not employed and is not actively seeking employment, you are not eligible for the Dependent Care plan unless he or she is a full-time student or is disabled.
- ✓ If your spouse has a dependent care plan, your combined election may not exceed \$5,000
- ✓ Funds not claimed for will be forfeited or otherwise handled in accordance with the plan document and the current IRS regulation.
- ✓ **IRS form 2441 should be filed with your tax form 1040 when dependent care has been deducted from your pay. The Dependent Care deduction should be shown in box 10 of the W2 form from your employer.**

Dependent Care Reimbursement Plan Guidelines

Employer provided dependent care assistance is tax-free only if the following conditions are met:

1. Each individual for whom you receive dependent care assistance is;
 - a. A dependent under the age of 13 whom you are entitled to claim as a dependent on your tax return, or
 - b. A spouse or other tax dependent who is physically or mentally incapable of caring for him or herself.
2. The dependent care assistance is provided for the care of a dependent described above or for the related household service and is incurred to enable you to be gainfully employed.
3. If the dependent care services are provided outside your household, they are incurred for the care of a dependent who is described in 1.a) above or who regularly spends at least 8 hours per day in your household.
4. If the dependent care is provided by a dependent care center (i.e. a facility that provides care for more than 6 individuals not residing at the facility) the center complies with all applicable state and local laws and regulations.
5. If the services are provided by a camp, the dependent does not stay overnight at the camp.
6. Payment for the services are not made to a child of yours who is under the age of 19 at the end of the year for which the expenses are incurred or to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.
7. The reimbursement (or fair market value of the dependent care expenses) are provided for the applicable year and may not exceed the least of the following limits:
 - a. \$5000 (\$2500 if you are married and do not file a joint tax return for the year).
 - b. Your taxable compensation (after any reductions under the 401(k) plan, dependent care assistance plan and medical/dental plans).
 - c. If you are married, your spouse's actual deemed earned income.

*For purposes of 7.a) above, if two employees are married to each other and file a joint tax return, a single \$5000 limit applies to both spouses together. For purposes of 7.c) above, your spouse will be deemed to have earned income of \$200 (\$400 if you have 2 or more dependents described in paragraph 1) above, for each month in which your spouse is: physically or mentally incapable of caring for him or herself or a full time student at an educational institution. For all purposes of paragraph 7) above, certain separated spouses are not treated as married.

8. You must report to the IRS on your tax return the name, address and social security number (or other tax payer identification number, if required) of any dependent care service provider who provides services to you during the relevant calendar year).
9. If your Dependent Care needs experience a qualifying change during the plan year, you may make election changes within 30 days of the qualifying change.
10. Participation in the Dependent Care Spending Account will limit your reporting on your IRS taxes.
11. If you elected and were reimbursed more than your dependent care costs, you may need to report the difference on your taxes. It is suggested you contact a Tax Advisor.
12. All claims must be submitted within 90 days after the plan year ends or your termination date.